

UNITED STATES DISTRICT COURT

for the

Eastern District of Wisconsin

Green Bay Division

Lonnie W. Frehr

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

The County of Marinette (see attached for additional names)

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

(to be filled in by the Clerk's Office)

COMPLAINT AND REQUEST FOR INJUNCTION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Lonnie W. Frehr
Street Address	c/o Marinette County Jail
City and County	1926 Hall Avenue
State and Zip Code	Marinette, WI
Telephone Number	715-732-7630
E-mail Address	

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

County of Marinette

1926 Hall Avenue

Marinette, Marinette

WI 54143

715-732-7600

Defendant No. 2

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

Sheriff Jerome T. Sauve, Chief Deputy James M. Hansen
and John Doe, employees of Marinette County

1926 Hall Avenue

Marinette and Marinette

WI 54143

715-732-7600

Defendant No. 3

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

Advanced Correctional Healthcare, Inc.

3921 Baring Trace

Peoria,

Illinois 61615

Defendant No. 4

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

Lisa Swanson and Jane Doe

LPN and employees of Advanced Correctional Healthcare, Inc.

3921 Baring Trace

Peoria

Illinois, 61615

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

8th and 14th amendments to the United States Constitution and 42 USC § 1983

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, *(name)* Lonnie W. Frehr, is a citizen of the State of *(name)* Wisconsin.

b. If the plaintiff is a corporation

The plaintiff, *(name)* , is incorporated under the laws of the State of *(name)* , and has its principal place of business in the State of *(name)* .

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, *(name)* Jerome Sauve, James Hansen and Lisa Swanson, Wisconsin, is a citizen of the State of *(name)* . Or is a citizen of *(foreign nation)* .

b. If the defendant is a corporation

The defendant, (name) County of Marinette and, is incorporated under the laws of the State of (name) Advanced Correctional Healthcare, WI, and has its principal place of business in the State of (name) 1926 Hall Ave, Marinette, WI.
Or is incorporated under the laws of (foreign nation) ,
and has its principal place of business in (name) .

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the injunction or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

Defendants refuse to give Plaintiff necessary medication that were prescribed by a medical doctor. His medications are: 1) Tizanidine – migraines and muscle relaxant; 2) Amitriptyline – migraines and sleep/mood stabilizer; and 3) Glycopyrrolate – for Crohn's disease and IBS. The Plaintiff is prescribed these medications as he suffers from migraines, Chron's disease and anxiety. The Plaintiff experiences significant adverse side effects as a result of not taking his medications including pain and nausea, mood instability, insomnia and disorientation.

B. What date and approximate time did the events giving rise to your claim(s) occur?

Plaintiff was incarcerated on January 13, 2020 for various criminal offenses. Immediately upon incarceration, jail officials refuse to provide Plaintiff's medications.

- C. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*

As a result of Defendant's refusal to provide Plaintiff his medication, Plaintiff suffers migraines every 2 - 3 days. The Plaintiff has an extensive treatment history for migraines. He was first diagnosed at age 3 and prescribed medication thereafter. Additionally, as a result of his migraines, the Plaintiff has suffered a stroke, that was treated and documented by medical professionals.

The Defendants are currently in possession of Plaintiff's medications. The Defendants took possession of Plaintiff's medication upon his incarceration. The Plaintiff was in physical possession of his medication at the time of his intake because they are necessary and vital to his health and wellness. On or about February 21, 2020, Plaintiff's mother dropped off additional prescriptions at the jail including the glycopyrrolate, tizanidine and ventolin.

As a result of not receiving the prescribed medications, the Plaintiff filed a grievance against jail officials. The grievance filed on or about April 7, 2020, was filed in accordance with the jails grievance filing procedure. The jails grievance filing procedure first required the jail to notify the inmate of the results of their grievance before the grievance can be appealed.

On April 8, Mr. Frehr filed a 2nd grievance with the word Appeal written on top.

To date, the defendants have not provided a formal written response to Plaintiff's grievances.

However, the Defendants have commented on the Plaintiff's grievances. In response to his multiple grievances, jail officials first told the Plaintiff he could not appeal until a response was received from the first grievance. The Defendants later told the Plaintiff he couldn't appeal until he sees the physician. Jail officials further stated they had no information regarding when the physician would be coming to the jail and told him he could not see a physician. The Defendants also told the Plaintiff he could not see the doctor until he was incarcerated for 4 months.

Plaintiff was allowed to see the physician on April 9, 2020 (nearly 3 months after incarceration) who prescribed Propranolol for his migraines and Zyprexa (an antipschotic) for his depression. They also had him on a tylenol regiment that only has irritated his stomach, which has now been discontinued. Occasionally he has been given a different medication for his Chron's Disease, but only receives it periodically and it hasn't alleviated his Chron's symptoms.

IV. Irreparable Injury

Explain why monetary damages at a later time would not adequately compensate you for the injuries you sustained, are sustaining, or will sustain as a result of the events described above, or why such compensation could not be measured.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

An Order requiring Defendants to provide Plaintiff with access to all of his necessary medications.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

Signature of Plaintiff

Printed Name of Plaintiff

B. For Attorneys

Date of signing:

05/05/2020

Signature of Attorney

Printed Name of Attorney

s/Bryant M. Dorsey

Bryant M. Dorsey

Bar Number	1089949
Name of Law Firm	Law Firm of Conway Olejniczak & Jerry, SC.
Street Address	231 S. Adams Street
State and Zip Code	Green Bay, WI 54301
Telephone Number	920-437-0476
E-mail Address	bmd@lcojlaw.com